COMMONWEALTH OF PENNSYLVANI A SEC-1 REV. 01/18

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1810 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01 LAST NAME FIRST NAME	MI SUFFIX	
Reynolds J. Will	iam	
O2 ADDRESS office (business or governmental) or home City State 34 West Elizabeth Avenue Bithlehm PA	Zip Code Area Code Phone 18018 (610) 428-8692	
NOTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NU	JMBER OR FINANCIAL ACCOUNT NUMBERS.	
O3 STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2) A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E B Nominee C Public Official (Former) D Public Employee (Former)	Check this block if you are filing as a solicitor Check this block if you are amending an original filing	
04 PUBLIC POSITION OR PUBLIC OFFICE (administrator, member. Commissioner, job title, etc.) seeking	hold held	
ABethlehem C; ty Council	man	
B seeking L	hold Li held	
GOVERNMENTAL ENTITY in which you are were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)		
A C: ty of Bethlehem		
В		
06 OCCUPATION OR PROFESSION (This may be the same as block 4) Educator / C:ty (ouncil Man) 07 YEAR SEE INSTRUCTIONS. Information in Blocks 8-15 represe disclosure for the calendar year lists		
08 REAL ESTATE INTERESTS (See Instructions on page 2) If NONE, check this box.		
09 CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name Bethlehem Federal Credit Address 2317 Easton Avenue	Interest Rate	
Vaion Bethlehm, PA 1801		
10 DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF		
Name Alkatoma School District Address 31 S Penn St Allent	tona, PA	
City of Bethlehem 10 E Chrisch St Bethlehen	n, fA	
11 GIFTS (See instructions on page 2) If NONE, check this box. Source of Guft	Value of Giff	
Address of Source of Gift Circumstances (including	g description) of Gitt	
12 TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Source (Name and Address)	Value	
OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held (i.e., officer, director, employee, etc.)		
Name: Moravian College Alumni Board Address 1200 Main St Bethlehm		
14 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check Name and Address of Business	ck this box. Interest Held (i.e. 5%, 10%, etc.)	
Bethlehm Food Co-ages tive 717 N New Street Bethlehm A 18018 Shale 1500 15 BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box.		
Business (Name and Address) Transferee (Name and Address)	Interest Held Relationship Date Transferred	
The undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief, said affirmation being made subject to the penalties prescribed by		
Signature Enter Current Date		
THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.		